

AUTOMOBILE LOSS NOTICE					DATE (MM/DD/YYYY)				
PRODUCER	PHONE (EXT)	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (SITE & LOCATION CODE)					
CODE:		SUB COD:		POLICY NUMBER	REFERENCE NUMBER			CAT #	
AGENCY CUSTOMER ID:		EFFECTIVE DATE:	EXPIRATION DATE:	DATE OF ACCIDENT AND TIME:		AM	PM	YES	NO

INSURED**CONTACT**

NAME AND ADDRESS		SOC SEC #	NAME AND ADDRESS			WHERE TO CONTACT	
RESIDENCE PHONE		BUSINESS PHONE (EXT)	RESIDENCE PHONE	BUSINESS PHONE (EXT)		WHEN TO CONTACT	

LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)			AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS:
DESCRIPTION OF ACCIDENT (USE SEPARATE SHEET IF NECESSARY)			REPORT #		

POLICY INFORMATION

BODILY INJURY (PER PERSON)	BODILY INJURY (PER ACCIDENT)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLE (UM, NO-FAULT, TOWING, ETC.)
LOSS PAYEE						
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS: AGGR	PER CLAIM	PER OCC

INSURED VEHICLE

VEH #	YEAR	MAKE:	BODYTYPE:		PLATE NUMBER	
OWNER'S NAME & ADDRESS		MODEL:	V.I.N.		RESIDENCE PHONE (A/C NO.):	
DRIVERS NAME & ADDRESS					BUSINESS PHONE (A/C NO. EXT.):	
RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.)		DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION <input type="checkbox"/> YEA <input type="checkbox"/> NO
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN VEH BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	

PROPERTY DAMAGED

DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE #)		OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME:			
OWNER'S NAME & ADDRESS		POLICY #:				
OTHER DRIVER'S NAME & ADDRESS		RESIDENCE PHONE (A/C NO.):				
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN	BUSINESS PHONE (A/C NO. EXT.):		

INJURED

NAME & ADDRESS	PHONE (A/C, NO.)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESS OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, NO.)	INS VEH	OTH VEH

REMARKS (INCLUDE ADJUSTER ASSIGNED)

REPORTED BY:	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER
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Applicable in Arizona:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Main, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee and Virginia:

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, and VA insurance benefits may also be denied.

Applicable in California:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho:

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

*In Florida – Third Degree Felony

Applicable in Hawaii:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana:

A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota:

A person who files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada:

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire:

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York:

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversation of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Applicable in Ohio:

Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma:

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.